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(Modified) PTO/SB/21 (6-99)  
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

1655  
#14  
1/3/02  
FEB 04 2002  
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>Application Number</b>	09/490,643		
	<b>Filing Date</b>	January 24, 2000	
	<b>First Named Inventor</b>	Jeremy Minshull	
	<b>Group Art Unit</b>	1655	
	<b>Examiner Name</b>	Whisenant, E	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	02-020622US

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): receipt acknowledgment postcard; a marked up copy of the claims and a courtesy copy of the pending claims
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)		
<input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<b>Authorization to Charge Deposit Account</b> Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.	
	Remarks	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

First or Individual name	Susan T. Hubl, Reg. No. 47,668, The Law Offices of Jonathan Alan Quine
Signature	
Date	January 7, 2002

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: January 7, 2002

Typed or printed name	Amelia Groth
Signature	
Date	January 7, 2002

**FREE TRANSMITTAL**  
**for FY 2001**

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b>	<b>1208.00</b>
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Application Number	09/490,643
Filing Date	January 24, 2000
First Named Inventor	Jeremy Minshull
Examiner Name	Whisenant, E
Group / Art Unit	1655
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TECH CENTRE

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**FEE CALCULATION (continued)**

Deposit Account Number	50-0893
Deposit Account Name	Law Offices of Jonathan Alan Quine

2. ☐ Payment Enclosed:  
☐ Check    ☐ Money Order    ☐ Other

### FEE CALCULATION

Large Entity Fee Code (\$)	Entity Fee	Small Entity Fee Code (\$)	Entity Fee	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	690	208	345	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (S)

	Extra Claims	Fee from below	Fee Paid
Total Claims	20** = 16	18.00	288.00
Independent Claims	3** =		
Multiple Dependent			

*\*\*or number previously paid, if greater; For Reissues, see below*

Fee Code	Fee Code (\$)	Fee Code	Fee Code (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	78	209	39	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent


<b>SUBTOTAL (2)</b>	<b>(\$)</b>	<b>288.00</b>
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### 3. ADDITIONAL FEES

Large Entity Small Entity				Fee Description	Fee Paid
Large Entity Code (\$)	Small Entity Code (\$)	Fee (\$)	Fee (\$)		
105	190	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	600	Extension for reply within third month	920.00
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	300	220	150	Filing a brief in support of an appeal	
121	260	221	130	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavailable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	690	246	345	Filing a submission after final rejection (37 CFR 1.129(a))	
149	690	249	345	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify) _____					
Other fee (specify) _____					
Reduced by Basic Filing Fee Paid					
<b>SUBTOTAL (3)</b>				<b>(\$)</b>	<b>920.00</b>

\* Reduced by Basic Filing Fee Paid


<b>SUBTOTAL (3)</b>	<b>(\$)</b>	<b>920.00</b>
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Typed or Printed Name	Susan T. Hubl
Signature	

Reg. Number	47,668
Deposit Account User ID	

**CERTIFICATE OF MAILING**

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Typed or Printed Name	Amelia Groth
Signature	

Date **January 7, 2002**